

<b>NATIONAL TRANSPORTATION SAFETY BOARD</b> <b>PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT</b> <b>This form to be used for reporting civil and public use aircraft accidents and incidents</b>									
<b>BASIC INFORMATION</b>									
<b>Accident/Incident Location</b> Nearest City/Place: <u>Oak Island</u> State: <u>SC</u> ZIP: <u>28465</u> Country: <u>USA</u> Latitude: <u>N33°53'60"</u> (dd:mm:ss N/S) Longitude: <u>W78°04'40"</u> (ddd:mm:ss E/W)					<b>Date/Time</b> Date: <u>6/14/2012</u> Local Time: <u>16:37</u> <small>mm/dd/yyyy</small> Time Zone: <u>EDT</u>				
<b>Phase of Operation</b> <u>simulated forced landing</u> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input checked="" type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown					<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None		<b>Altitude of In-Flight Occurrence</b> <u>600</u> ft MSL		
<b>AIRCRAFT INFORMATION</b>									
<b>Manufacturer:</b> <u>Robinson</u> <b>Model:</b> <u>R22</u> <b>Serial Number:</b> <u>1089M</u> <b>Registration Number:</b> <u>N1089N</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Max Gross Weight:</b> <u>1370</u> lbs <b>Weight at Time of Accident/Incident:</b> _____ lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
<b>Category of Aircraft</b> <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		<b>Type of Airworthiness Certificate</b> <small>(Check all that apply)</small> <b>Standard</b> <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		<b>Number of Seats:</b> <u>2</u> If Large Aircraft, how many seats for: Flight Crew: <u>1</u> Cabin Crew: _____ Passengers: <u>1</u>		<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input checked="" type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown			
<b>Type of Maintenance Program</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			<b>Last Inspection Type</b> <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		<b>Date Last Inspection:</b> <u>6/6/2012</u> <small>mm/dd/yyyy</small> <b>Airframe Total Time:</b> <u>7223.1</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident				
<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify: _____				
<b>ELT Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____						
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<b>Engine Type</b> <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown			<b>Reciprocating Fuel System Type</b> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch <b>Manufacturer:</b> _____ <b>Model:</b> _____				
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1	<u>Lycoming</u>	<u>O-320</u>							
Eng. 2		<u>X hp 150</u>							
Eng. 3		<u>loc float</u>							
Eng. 4		<u>w/ operator</u>							

<b>OWNER/OPERATOR INFORMATION</b>			
<b>Registered Aircraft Owner</b> Name: <u>Watercraft Photo Helicopter LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>Ocean View</u> State: <u>DE</u> ZIP: <u>19970</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
<b>Type of Commercial Operating Certificate Held</b> (Select all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft			
<b>OTHER AIRCRAFT -- COLLISION (If air or ground collision occurred, complete this section for other aircraft)</b>			
Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)         			<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>			
<b>Aircraft Damage</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	

<b>Description of Damage to Aircraft and Other Property</b> <i>(use additional sheet if necessary)</i> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">structural damage to airframe</div>			
<b>AIRPORT INFORMATION</b> <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
<b>Airport Identifier:</b> _____		<b>Distance From Airport Center:</b> _____ SM	
<b>Airport Name:</b> _____		<b>Direction From Airport:</b> _____ degrees MAG	
<b>Proximity to Airport</b> <input checked="" type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		<b>Airport Elevation:</b> _____ ft. MSL	
<b>Approach Segment</b> <i>(Select one)</i> <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)			
<b>IFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling		<b>VFR Approach</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input checked="" type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
<b>Runway Information</b> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow			
<b>FLIGHT ITINERARY INFORMATION</b>			
<b>Last Departure Point</b> Airport ID: <u>ILM</u> City: <u>Wilmington</u> State: <u>NC</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>16:30</u> Time Zone: <u>EDT</u>	
<b>Destination</b> Airport ID: <u>MYR</u> City: <u>Myrtle Beach</u> State: <u>SC</u> Country: <u>USA</u>		<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
<b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i> <input type="checkbox"/> Class A <input type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special <input type="checkbox"/> Class B <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
<b>Aircraft Load Description</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input checked="" type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
<b>FUEL &amp; SERVICES INFORMATION</b>			
<b>Fuel on Board at Last Takeoff</b> <i>(convert from pounds, as necessary)</i> <u>30</u> Gallons		<b>Fuel Type</b> <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5	
<b>Other Services, if Any, Prior to Departure</b> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Flight Hand's</div>			

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Cabin exit ~~stage~~ (Doors Removed)**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: SUTObservation Time: 16:35Time Zone: EDT

Distance from Accident Site: \_\_\_\_\_ NM

Direction from Accident Site: \_\_\_\_\_ degrees MAG

**Source of Weather Information**

(Check all that apply)

- |                                                             |                                   |
|-------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> National Weather Service           | <input type="checkbox"/> Company  |
| <input checked="" type="checkbox"/> Flight Service Station  | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio                           | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report                   | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Commercial Weather Service (DUATS) |                                   |

**Method of Briefing**

(Check all that apply)

- |                                             |
|---------------------------------------------|
| <input type="checkbox"/> In Person          |
| <input type="checkbox"/> Teletype           |
| <input type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio     |
| <input type="checkbox"/> TV/Radio           |
| <input checked="" type="checkbox"/> Unknown |

**Briefing Type/Completeness**

- |                                                       |                                                   |
|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Full                         | <input type="checkbox"/> Abbreviated              |
| <input type="checkbox"/> Partial / Limited By Pilot   | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Partial / Limited By Briefer | <input checked="" type="checkbox"/> Not Pertinent |

**Light Condition**

- |                                         |                                |                                       |
|-----------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn           | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Dark Night   |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
|                                         |                                | <input type="checkbox"/> Not Reported |

**Visibility**10 miles**Sky/Lowest Cloud Condition**

- |                                               |                                        |
|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Clear                | <input type="checkbox"/> Thin Broken   |
| <input type="checkbox"/> Few                  | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration  | <input type="checkbox"/> Unknown       |
| <input checked="" type="checkbox"/> Scattered |                                        |

**Ceiling**

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken       | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast     | <input type="checkbox"/> Unknown    |

**Restriction to Visibility (Check all that apply)**

- |                                          |                                     |
|------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog        |
| <input type="checkbox"/> Blowing Dust    | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand    | <input type="checkbox"/> Haze       |
| <input type="checkbox"/> Blowing Snow    | <input type="checkbox"/> Ice Fog    |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke      |
| <input type="checkbox"/> Dust            | <input type="checkbox"/> Unknown    |

**Lowest Cloud Condition Height**3300 ft AGL**Ceiling Height**

\_\_\_\_\_ ft AGL

**Wind Direction**☐ Indicated:  
010 degrees MAG☐ Variable**Wind Speed**Velocity: 1 ~~640~~ KTS

-or-

- ☐
- Calm
- 
- ☐
- Light and Variable

**Wind Gusts**Velocity: 15 KTS

- ☐
- Gusting
- 
- ☐
- Not Gusting

**Type of Turbulence (Check all that apply)**

- |                                          |                                                   |
|------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air       | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |                                        |                                |
|----------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**

N/A

Temperature: \_\_\_\_\_ (C)

or 79 (F)Altimeter Setting: 30.04 in. HG

or \_\_\_\_\_ MB

Density Altitude: 1228 ftDew Point: 18 (C)or 64 (F)**Icing Forecast**

Amount

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Icing Actual**

Amount

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Type of Precipitation (Check all that apply)**

- |                                          |                                             |
|------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle            |
| <input type="checkbox"/> Rain            | <input type="checkbox"/> Ice Pellets        |
| <input type="checkbox"/> Snow            | <input type="checkbox"/> Snow Pellets       |
| <input type="checkbox"/> Hail            | <input type="checkbox"/> Snow Grains        |
| <input type="checkbox"/> Rain Showers    | <input type="checkbox"/> Ice Crystals       |
| <input type="checkbox"/> Freezing Rain   | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower     | <input type="checkbox"/> Freezing Drizzle   |

**Intensity of Precipitation**

- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

# **PILOT "A" INFORMATION**

## **Pilot "A" Responsibilities at the Time of Accident/Incident**

☐ Pilot  
 ☐ Co-Pilot  
 ☐ Student Pilot  
 ☐ Flight Instructor  
 ☐ Check Pilot  
 ☐ Flight Engineer  
 ☐ Other Flight Crew

## **Pilot "A" Identification**

First Name: MARI ~~KAJIMOTO~~      City: OSAKA  
 Middle Initial: \_\_\_\_\_      State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: KAJIMOTO      Country: JAPAN  
 Age at time of Accident/Incident: 26      Date of Birth: \_\_\_\_\_      Certificate Number: \_\_\_\_\_

## **Degree of Injury**

☒ None    ☐ Fatal  
☐ Minor    ☐ Unknown  
☐ Serious

## **Seat Occupied**

☐ Left    ☐ Front    ☐ Unknown  
☒ Right    ☐ Rear  
☐ Center    ☐ Single

## **Seat Belt**

Used    ☒ Yes    ☐ No  
 Available    ☒ Yes    ☐ No

## **Shoulder Harness**

Used    ☒ Yes    ☐ No  
 Available    ☒ Yes    ☐ No

## **Pilot Certificate(s) (Check all that apply)**

☐ None    ☐ Student    ☐ Recreational    ☐ Commercial    ☐ Flight Engineer    ☐ Foreign  
☒ Private    ☐ Flight Instructor    ☐ Sport    ☐ Airline Transport    ☐ U.S. Military

## **Principal Occupation**

☐ Pilot  
☒ Other  
☐ Unknown

## **Medical Certificate**

☐ None    ☐ Class 3  
☐ Class 1    ☐ Driver's License (Sport Pilot only)  
☒ Class 2    ☐ Unknown

## **Medical Certificate Validity**

☐ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

## **Date of Last Medical**

mm/dd/yyyy

## **Medical Certificate Limitations**

N/A

## **Medical Certificate Waivers**

N/A

## **Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

2/11/12  
 mm/dd/yyyy

## **Flight Review Aircraft**

Make: Robinson  
 Model: R22

## **Airplane Rating(s) (Check all that apply)**

☒ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

## **Other Aircraft Rating(s) (Check all that apply)**

☒ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

## **Instrument Rating(s) (Check all that apply)**

☐ None  
☐ Airplane  
☒ Helicopter  
☐ Powered Lift

## **Instructor Rating(s) (Check all that apply)**

☒ None  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift  
☐ Instrument Airplane  
☒ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport

## **Type Ratings**

N/A

## **Student Endorsements (Include dates)**

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	225.9	221.6	0	0						
Pilot in Command (PIC)	180.8	180.8								
Time as Instructor										
This Make/Model										
Last 90 Days	6.8									
Last 30 Days	6.8									
Last 24 Hours	0									

**PILOT "B" INFORMATION****Pilot "B" Responsibilities at the Time of Accident/Incident**

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

**Pilot "B" Identification**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy Certificate Number: \_\_\_\_\_

**Degree of Injury**

☐ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

**Seat Occupied**

☐ Left ☐ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

**Seat Belt**

Used ☐ Yes ☐ No  
Available ☐ Yes ☐ No

**Shoulder Harness**

Used ☐ Yes ☐ No  
Available ☐ Yes ☐ No

**Pilot Certificate(s) (Check all that apply)**

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign  
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

**Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☐ None ☐ Class 3  
☐ Class 1 ☐ Driver's License (Sport Pilot only)  
☐ Class 2 ☐ Unknown

**Medical Certificate Validity**

☐ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

**Date of Last Medical**

mm/dd/yyyy

**Medical Certificate Limitations****Medical Certificate Waivers****Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:**

mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_

**Airplane Rating(s)  
(Check all that apply)**

☐ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s)  
(Check all that apply)**

☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

**Instrument Rating(s)  
(Check all that apply)**

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s)  
(Check all that apply)**

☐ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

**Type Ratings****Student Endorsements (Include dates)**

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)																	
<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious											
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown											
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs											
<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious											
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown											
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs											
<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious											
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown											
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs											
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
<b>Name and Address</b> First Name: <u>Will</u> City: <u>Raleigh</u> Middle Initial: <u>M</u> State: <u>NC</u> ZIP: <u>27605</u> Last Name: <u>MISFORT</u> Country: <u>USA</u>						LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

See statement provided to  
NPSC IIC on June 17, 2012

**RECOMMENDATION (How could this accident/incident have been prevented?)**

Operator/Owner Safety Recommendation



**ADDITIONAL INFORMATION** (Please type or print in ink)

Use this space if additional space is needed for any answers.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Date of this Report

6/17/2012

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERA12LA399

Reviewed by NTSB Regional Office

NTSB ERA

Name of Investigator

Cory Smith

Date Report Received

6-17-12



## RECORD OF CONVERSATION

**Carrol A. Smith**

**Senior Air Safety Investigator Eastern Region**

**Date: June 17, 2012**

**Person Contacted: William M. Mistrot, Raleigh NC 27609, Mari Kajimoto, Japan**

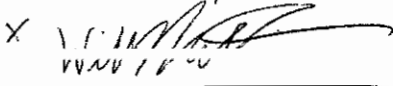
**Number: ERA1 2LA399, N1089N**

**Narrative:**

Mr. Mistrot stated he is a commercial pilot with ratings for airplane single engine land and instrument airplane. In addition he holds a private pilot certificate with ratings for helicopter and instrument helicopter. He stated he has 347 total aircraft hours with 180 hours in the R22 and 163.5 hours in airplane single engine land. He has flown 191 hours as pilot in command in all aircraft and 102.8 hours in the R22 and 89 hours in airplane single engine land. He has flown 17.2 hours in all aircraft in the last 90 and 30 days. All hours were flown in the R22. He flew 2.5 hours in the R22, 24 hours before the accident.

The airplane is registered to Watercraft Photo Helicopter LLC and he is undergoing training for a certified flight instructor rating and photo training. On June 14, 2012, Mari Kajimoto, was going to fly a Part 91 cross country flight from Wilmington, North Carolina (ILM) to Myrtle Beach, South Carolina (MYR). Ms. Kajimoto did not file a flight plan; however she obtained weather on a computer. Mari Kajimoto was the pilot-in command and Mr. Mistrot was a passenger. Ms. Kajimoto flight instructor was sick and could not go on the flight so Mr. Mistrot asked Ms. Kajimoto, on June 13, 2012, if she would like to fly up to Beaufort, North Carolina (MRH). Ms. Kajimoto accepted and they flew up and spent the night. A preflight inspection was conducted and no anomalies were noted. Mr. Mistrot was located in the left front seat with all restraint systems fastened and Ms. Kajimoto was located in the right front seat with all restraint systems fastened. They departed MRH at about 1530 en route to ILM. They landed at ILM and topped off both fuel tanks and departed ILM at 1630 en route to MYR. Mr. Mistrot stated that he and Ms. Kajimoto had been swapping off on flying; however when they departed ILM Ms. Kajimoto was flying the helicopter and he was handling the radios for the entire flight. When they arrived in the vicinity of the pier at Oak Island, North Carolina, Ms. Kajimoto stated she wanted to do an autorotation. Mr. Mistrot informed Ms. Kajimoto that he did not feel comfortable with her doing an autorotation because he did not have that many hours in the left seat. Mr. Mistrot stated neither one of them were sure if they could do an autorotation without an instructor on board the helicopter. No one at Watercraft Photo Helicopter LLC had told them they could not do them and it is not written anywhere stating they cannot do them. Mr. Mistrot stated the last time he did an autorotation was on June 2,

2012, and he did one autorotation with a power recovery. Ms. Kajimoto intended to make a power recovery and did not intend to go to the water. She entered the maneuver at 600 feet and at 75 knots. With a manifold pressure of 21 inches. She lowered the collective and rolled the throttle to the off position, and then she immediately raised the collective pitch. The main rotor low warning horn sounded. Ms. Kajimoto rolled on the throttle and increased collective and the main rotor rpm continued to decrease. The helicopter continued to descend until it impacted the water. The helicopter rolled over inverted. They released their restraints after the main rotor stopped, exited the helicopter, came to the surface, and were rescued by a boat. There was nothing mechanically wrong with the helicopter. It was an improper use of the flight controls during an autorotation.

X  Will Mistrout

X  MARI KAJIMOTO